

# Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

## breast cancer

*Fewer California women are dying from breast cancer. The death rate from breast cancer has decreased 22% since 1988.*<sup>1,2</sup>

### The Good...

- Breast cancer deaths declined 13% for African American and Hispanic women in California which, for the first time, is statistically significant.<sup>1</sup>
- More California women ages 40 and older are getting mammograms. In 1987, only two out of five women (39%) reported having a mammogram in the past year. By 2000, three out of five women (63%) reported having a mammogram in the last year.<sup>1</sup>
- The best way to detect breast cancer early is with regular clinical breast exams, conducted by a health care professional, and mammograms. 70% of breast cancers are being diagnosed at an early stage.<sup>1,2</sup> The rate of late-stage cancer is declining due to:
  - Increased awareness due to programs such as the Breast Cancer Early Detection Program and Breast and Cervical Cancer Control Program, (now known as *Cancer Detection Programs: Every Woman Counts*)<sup>3</sup>
  - More health insurance plans covering mammograms, and
  - Low cost or free screening programs offered through local or state health departments.<sup>4</sup>
- Breast cancer screening has saved the lives of thousands of women since mammography was introduced in the 1960s.<sup>5,6</sup>

### The Bad...

- Breast cancer is the most common cancer among women. It accounts for nearly 1 out of 3 cancers diagnosed in women in the United States and California.<sup>1,5</sup>
- Breast cancer is the second leading cause of cancer deaths in women in the United States and California -- only lung cancer accounts for more cancer deaths.<sup>1,5</sup>
- In 2002, it is projected that 21,325 California women will be diagnosed with breast cancer and 4,275 will die from the disease.<sup>1</sup>

### ...And The Not So Pretty!

- The risk of breast cancer increases with age, especially after age 50. About 80% of new cases and 82% of breast cancer deaths occur in women over age 50.<sup>2</sup>
- Women often do not get mammograms because they think that if they have no symptoms they do not need one. But, mammography can find a lump as much as two years before it can be felt.<sup>7</sup>

- Women face many cultural and economic barriers to adequate breast cancer screening, diagnosis and treatment. Physicians and women need to be more diligent about discussing breast cancer and mammography.<sup>8</sup>
- Lack of a doctor's recommendation for a mammogram is a top-ranked barrier for nearly all groups of women. The other main barrier is cost (for lower-income groups).<sup>9, 10</sup>
- Women who discussed breast cancer screening with their physicians were up to 12 times more likely to receive a mammogram than women who did not talk to their physicians.<sup>11</sup>
- Cost or the ability of the patient to pay for a mammogram is the most frequently cited reason why physicians do not recommend mammograms.<sup>12</sup>

## Age, Income, Health Insurance Trends & Patterns

- The chance of getting breast cancer increases with age. For example, from age 30 - 40, the chance is 1 in 257; from age 40 - 50, 1 in 67; and from age 60 - 70, 1 in 28.<sup>14</sup>
- Over 80% of the new breast cancer cases and 82% of breast cancer deaths in California occur in women ages 50 and older. Women under 40 account for only 6% of breast cancer cases.<sup>2</sup>
- In California, only 42% of low income women over 40 reported having both a clinical breast exam and mammogram, compared to 53% of higher income women.<sup>15</sup>
- The largest differences in breast cancer screening are found between women with and without health insurance (public or private). Less than a third (30.2%) of uninsured California women age 40 and older had a mammogram within the last year, compared to 64% of insured women.<sup>16</sup>
- Uninsured women with breast cancer have a 30 to 50% higher risk of dying than women with private health insurance because of delayed diagnosis. Having no insurance leads to 360 to 600 premature breast cancer deaths each year.<sup>17</sup>
- 21% of California women are without health insurance. California is ranked 44th in the nation for providing women access to health insurance.<sup>18</sup>

## Ethnic Trends & Patterns

The rates of developing and dying from breast cancer differ among ethnic groups. Although mammography utilization has increased significantly in California, it varies among ethnic groups, income and education levels.

### White (Non-Hispanic)

- For all ages combined, White women have the highest incidence rate for breast cancer.<sup>1,2</sup>
- 70% of the breast cancers diagnosed in 1998 in White women were early stage.<sup>1</sup>
- In 2001, 64% of White women age 40 and older reported having a mammogram in the last year.<sup>15</sup>

### African-American

- African-American women with breast cancer are more likely to die from the disease at almost every age than women of any other race. The higher death rate is related to a larger percentage of the breast cancers being diagnosed at a later, less treatable stage.<sup>19</sup>
- 61% of the breast cancers diagnosed in 1998 in African-American women were early stage.<sup>1</sup>
- In 2001, 56% of African-American women age 40 and older reported having a mammogram in the last year.<sup>15</sup>

### Asian/Pacific Islander

- Invasive breast cancer rates increased by about 20% from 1988-1998 among Asian/Pacific Islander women in California. Although this group has the lowest incidence rate of breast cancer, it is the only group with a statistically significant increase in the incidence rate.<sup>1,2</sup>
- 69% of the breast cancers diagnosed in 1998 in Asian/Pacific Islander women were early stage.<sup>1</sup>
- In 2001, less than half (49%) of Asian/Pacific Islander women age 40 and older reported having had a mammogram in the last year, the lowest screening rate of all ethnic/racial groups.<sup>15</sup>

### Hispanic

- Uninsured Hispanic women are two to three times more likely to have cancer diagnosed at a later stage, making it less treatable.<sup>20</sup>
- 64% of the breast cancers diagnosed in 1998 in Hispanic women were early stage.<sup>1</sup>
- In 2001, 57% of Hispanic women age 40 and older reported having a mammogram in the last year.<sup>15</sup>

## **Early Detection - The Best Defense**

- Early detection of breast cancer improves the chances of survival. When breast cancer is diagnosed early (at a localized stage), 96 out of every 100 women survive for five years or more. Once the disease has spread to other parts of the body, only 21% survive five years.<sup>21</sup>
- The key to early detection is the combination of regular clinical breast exams and mammograms. Screening mammography is successful in detecting breast cancer in its earliest and most treatable stage – several years before a lump can be felt – preventing thousands of breast cancer deaths each year.<sup>5</sup> The American Cancer Society recommends:<sup>1</sup>
  - ✓ Women age 40 and older should have an annual clinical breast exam and mammogram and should perform monthly breast self-examinations.
  - ✓ Women ages 20 – 39 should have a clinical breast examination by a health care professional every three years and should perform monthly breast self-examinations.
- Breast cancer screenings should be performed on a regular basis! Women with normal breast cancer screening results are still at risk for the disease during subsequent years.

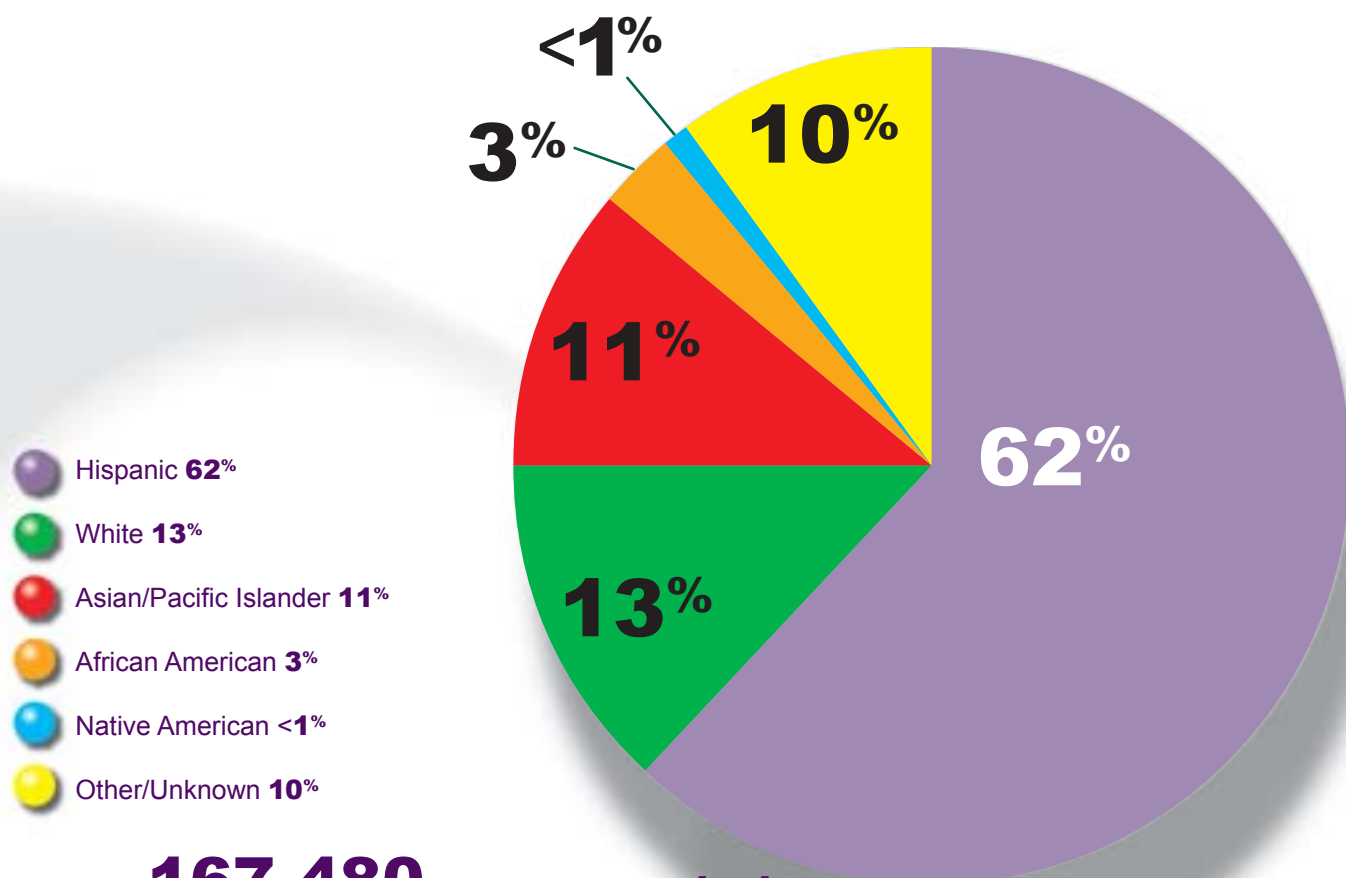
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# Women Served

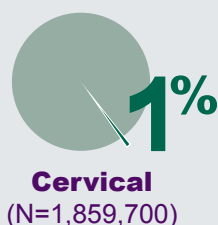
breast and cervical cancer services

July 1, 2000 - June 30, 2001

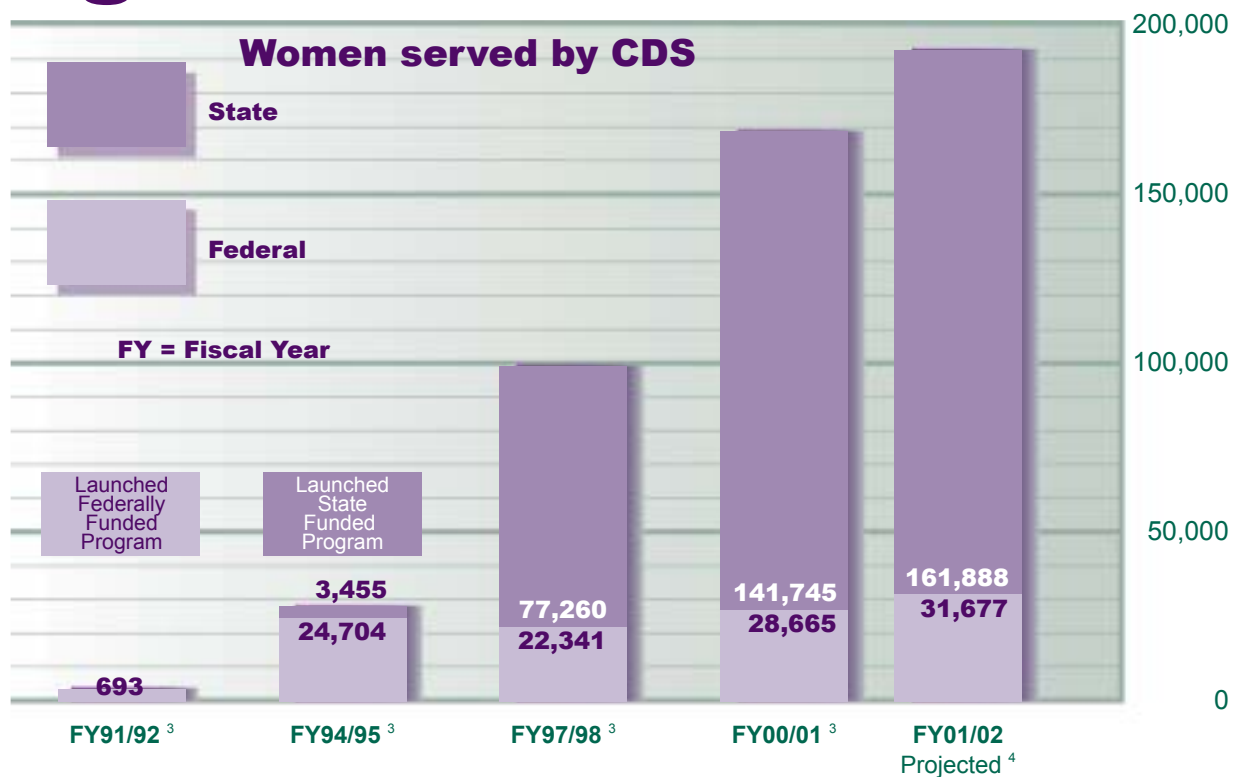


**167,480** women reached  
with CDS breast and/or cervical  
cancer services

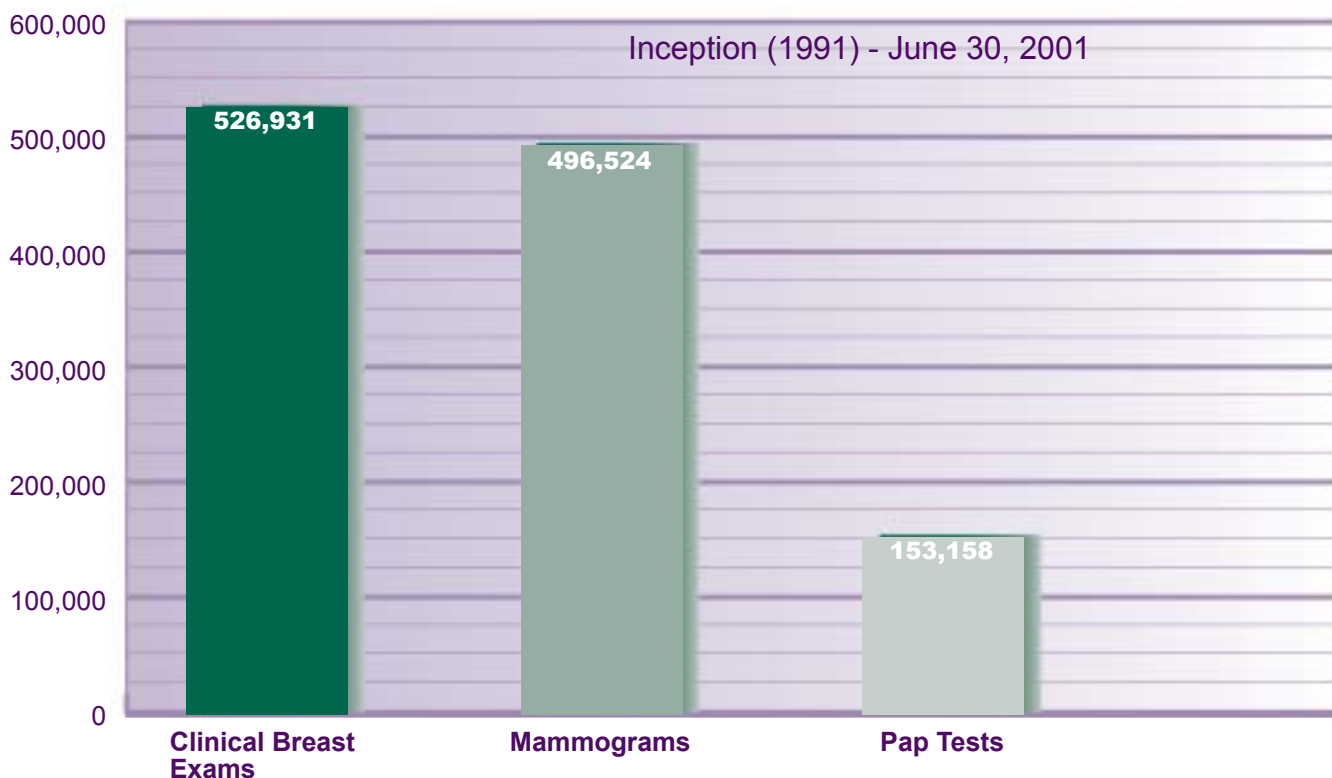
vs. **Women Eligible**<sup>1</sup>  
**Women Served**<sup>2</sup>



# Program Growth



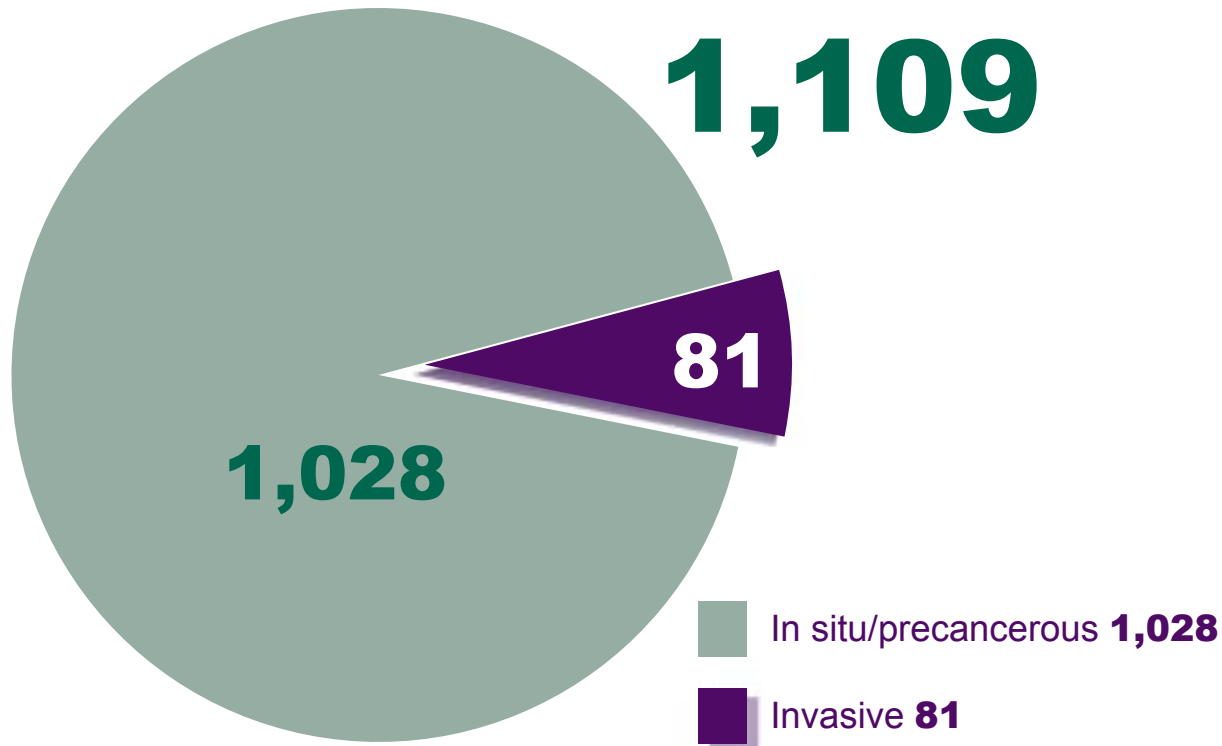
# Screening Services Provided<sup>5</sup>



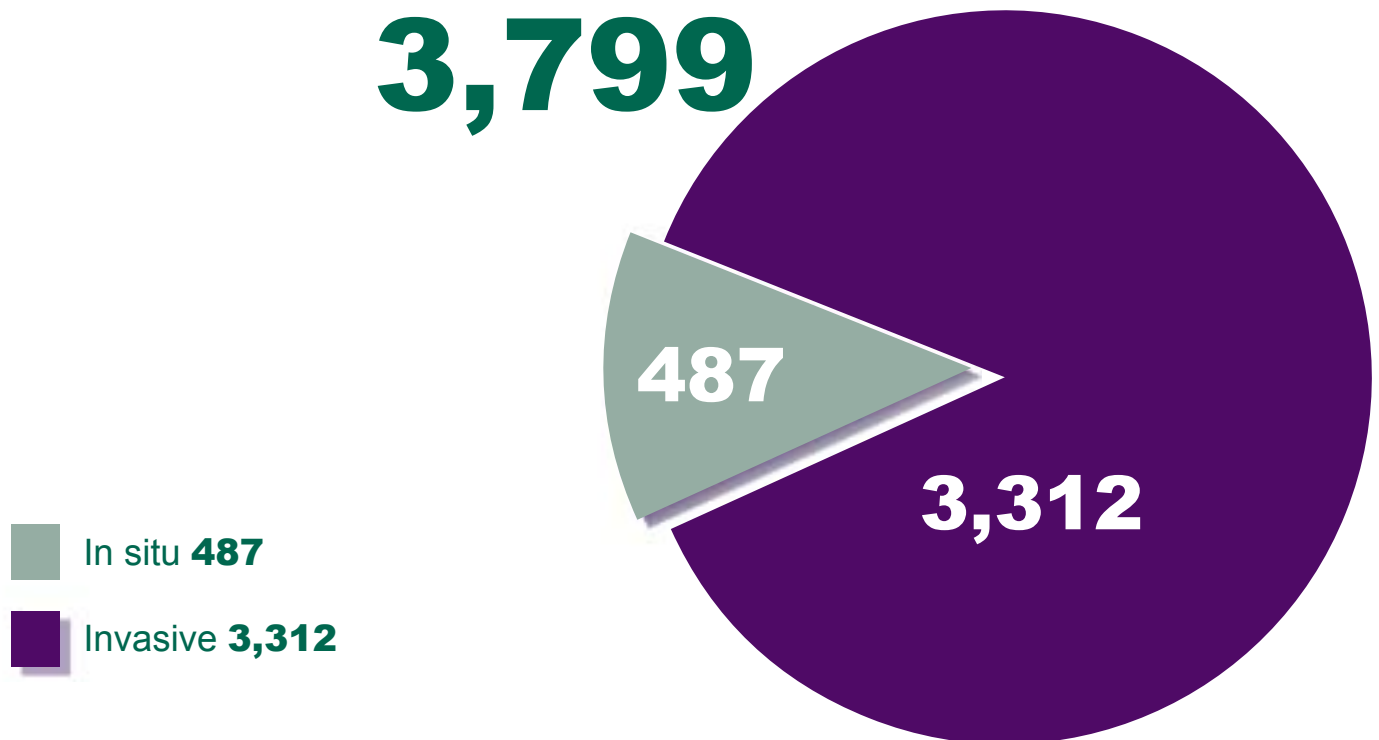
# Women with Cancer

Inception (1991) - June 30, 2000

## Number of Women Diagnosed with Cervical Cancer <sup>6</sup>



## Number of Women Diagnosed with Breast Cancer <sup>6</sup>



# Eligibility Requirements

Women eligible for free breast cancer screening services must be 40 or older, low income (at or below 200 percent of the federal poverty level), and have no or limited health insurance coverage. For cervical cancer screening, women must meet the same income and insurance criteria and be 25 or older.



Cancer Detection Programs:  
Every Woman Counts

**1-800-511-2300**  
**[www.dhs.ca.gov/cancerdetection](http://www.dhs.ca.gov/cancerdetection)**

## Footnotes

- 1) The numbers of women in the state eligible for breast and cervical cancer services were direct estimates using the 2001 Current Population Survey, Annual Demographic (March Supplement), and includes women 25 and older (cervical services) or women 40 and older (breast services) who are not covered by Medi-Cal or Medicare and are below 200% federal poverty level.
- 2) The number of "Women Served" was based on paid claims extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). The percentages of women served for breast and cervical in "Women Eligible vs. Women Served" do not sum to the number in "Women Served" because some women received both breast and cervical cancer screening services.
- 3) The statistics are based on the federal or state programs' number of paid claims extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). A woman may receive services from both the federal and state programs and may be included in both federal and state counts in the same year.
- 4) The federal projection is based on the federal program (Breast and Cervical Cancer Control Program) billing data as of 3/25/02. The projected number for the state program is based on BCEDP paid claims (March 2002 version of Common Analytical File (CAF)) using time series method (SAS ARIMA procedure).
- 5) "Services Provided" data are based on paid claims for clinical services and were extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). The procedures highlighted in "Services Provided" are key screening procedures and do not reflect all of the procedures (e.g. diagnostic) covered by CDS.
- 6) The number of women diagnosed with breast cancer is based on the February 2002 linkage between the California Cancer Registry and Cancer Detection Sections databases (March 2002 version of Common Analytical File). The numbers do not include 115 women whose cancers were reported as unstaged. The number of women diagnosed with cervical cancer is based on the February 2002 Minimum Data Elements (MDE) file. In situ/precancerous is defined as CIN II and CIN III stage classification.



# for your information

## The **Chances** of a woman getting Breast Cancer as she ages

Age **30 - 40** ... **1** out of **257**

Age **40 - 50** ... **1** out of **67**

Age **50 - 60** ... **1** out of **36**

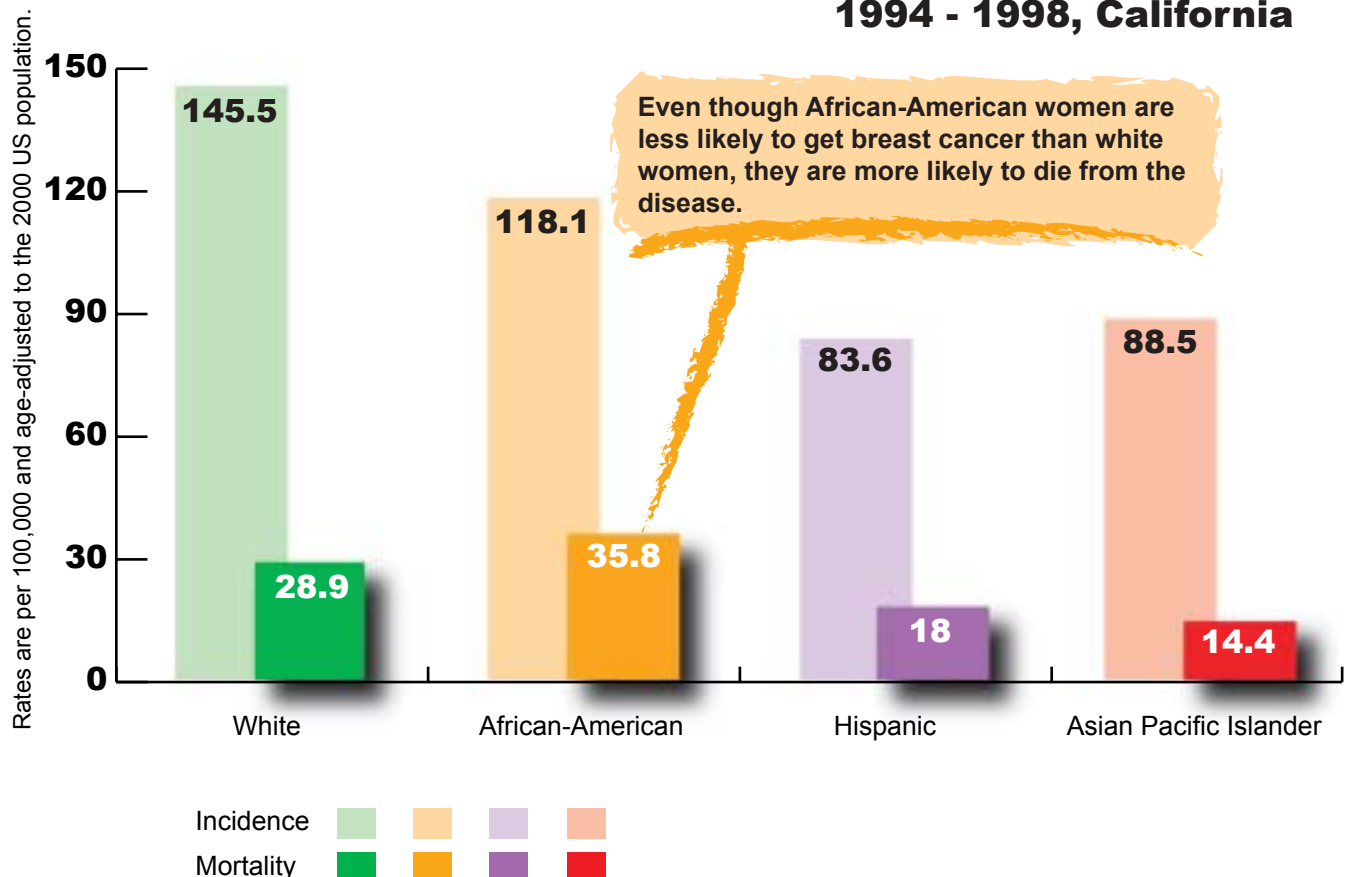
Age **60 - 70** ... **1** out of **28**

Age **70 - 80** ... **1** out of **24**



Source: National Cancer Institute Surveillance, Epidemiology, and End Results Program, 1995-1997.

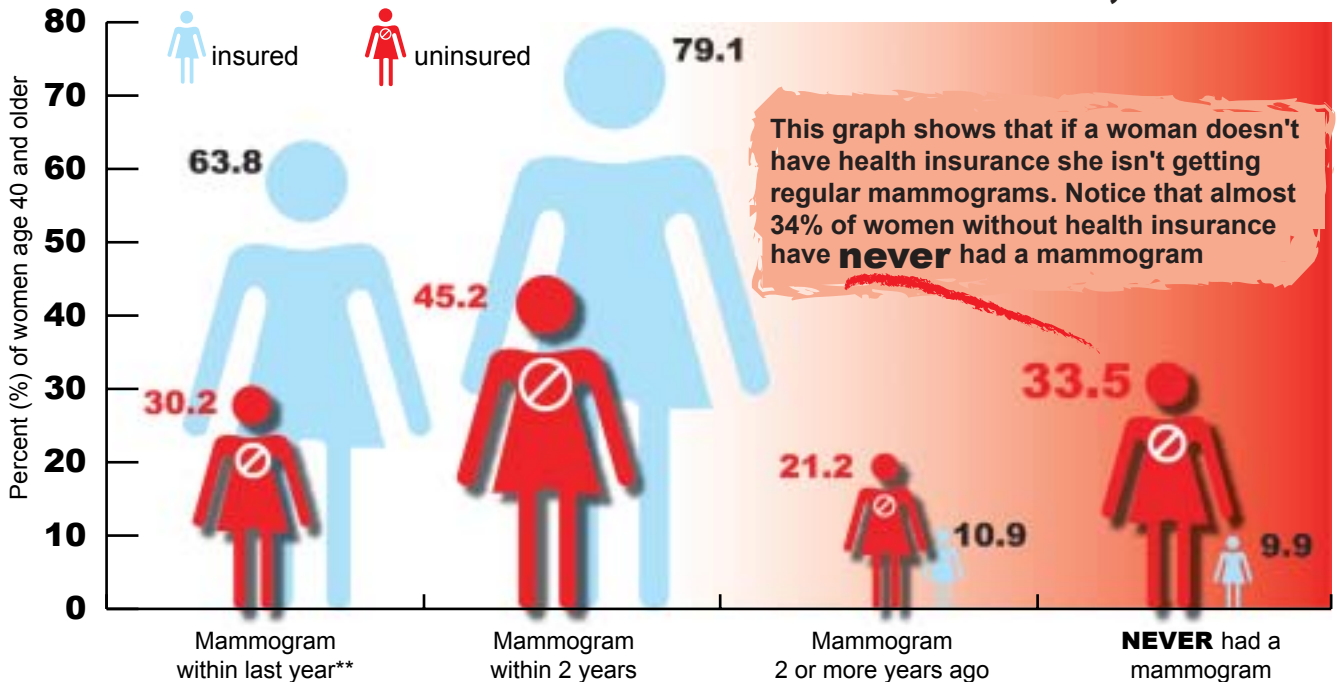
## Invasive Breast Cancer **Incidence** and **Death** rates among race/ethnic groups 1994 - 1998, California



Prepared by the California Department of Health Services (CDHS), Cancer Surveillance Section.  
Source: California Cancer Registry (08/01) and CDHS Center for Health Statistics Death Master File.  
Rates are per 100,000 and age adjusted to the 2000 US population.

# for your information

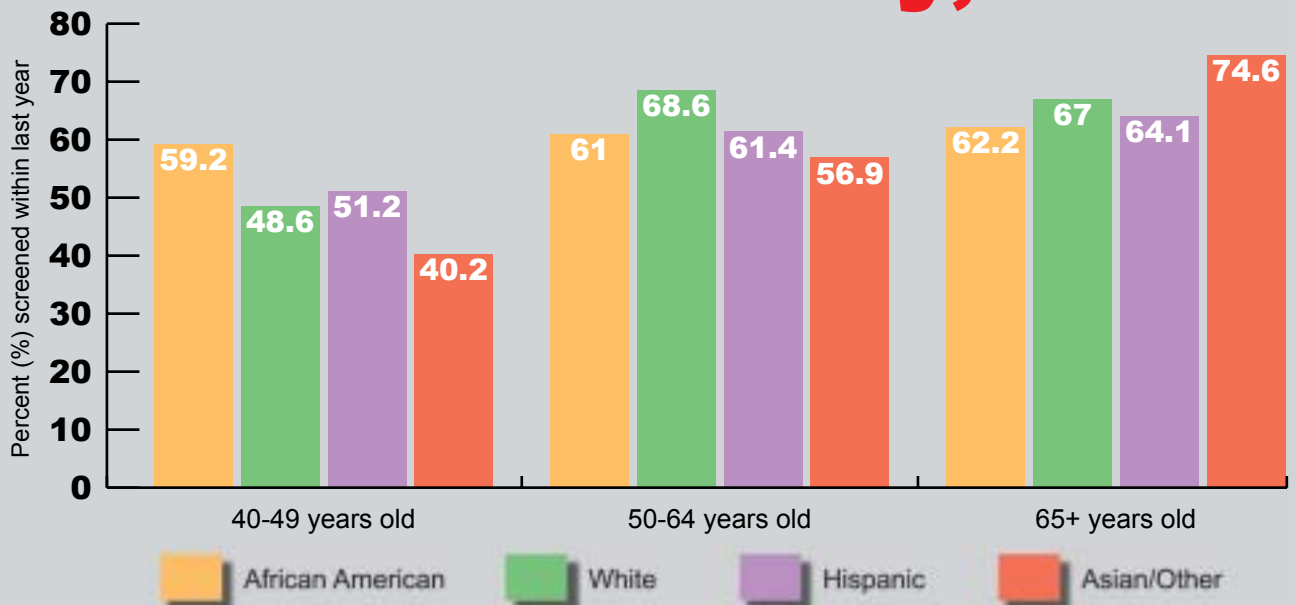
## Mammography use by health insurance status, California



Source: California Behavioral Risk Factor Survey, 1998-2000.

\*\*Please note that women in "Had a mammogram within last year" are also in the group "Had a mammogram within 2 years".

## Mammography use by age and race/ethnicity, California



Source: California Behavioral Risk Factor Survey, 1998-2000.